

Instructions for Submitting Reentry Proposal (APRN)

An applicant for authorization as an advanced practice registered nurse ("APRN") that has not provided documentation of at least five hundred (500) hours of practice as an APRN or graduation from an approved APRN education program as defined in O.C.G.A. §43-26-3(1.2) within four (4) years of the date of application must complete a Board approved reentry program prior to authorization.

A Board approved reentry program is comprised of forty (40) contact hours of didactic study and one hundred and sixty (160) hours of clinical study. The Board may waive the forty (40) hours of didactic study if the applicant has passed a Board approved certification exam within the four years preceding the date of application. Applicants must submit a reentry proposal for approval by the Board prior to completing the reentry program. Applicants may submit a personalized proposal created by the applicant and his or her reentry sponsor or the applicant may submit a proposal from an established reentry program based in an approved nursing education program.

1. Applicants must have an active registered nursing license in Georgia and an application for authorization on file when submitting a reentry proposal.
2. Applicants should locate an appropriate reentry site. Applicants may select an established reentry program based at a Board approved nursing education program or propose a reentry plan using a personalized site and reentry coordinator. A list of facilities that have previously offered reentry programs is available on the Board's website under "Application/Form Downloads." Please note, applicants are not required to select one of the previously approved facilities.
3. Applicants should have the reentry program coordinator submit the Reentry Application (Form A) for approval by the Board. Documentation may be submitted to nursing@sos.ga.gov. Once approved by the Board, a temporary permit (valid for six months) will be issued to allow the applicant to complete the clinical component of the reentry program. A reentry program must be coordinated by an APRN licensed and authorized in good standing with the Georgia Board of Nursing, practicing in the population of the reentry candidate's certification, who has had at least two (2) years experience in direct patient nursing practice as an APRN or other licensed practitioner as approved by the Board.
4. A reentry plan must include an outline for the completion of the didactic and clinical components of the plan which contains the following:
 1. Course objectives, content outline and time allocation;
 2. Didactic and clinical learning experiences including teaching methodologies;
 3. Plan for evaluation of competencies and ability to practice nursing with reasonable skill and safety;
 4. List of all instructors or preceptors and their functions and teaching roles;
 5. Projected schedule for the clinical component; and
 6. Evidence of clinical resources which documents support and availability for required experiences.

40 Hours of Didactic Study	160 Hours of Clinical Study
Didactic study courses must be selected from Board approved continuing competency providers and must include the following areas of study: <ol style="list-style-type: none">1. Common Medical-Surgical Conditions2. Management of Common Nursing Problems Associated with Common Medical-Surgical Conditions3. Mental Health Principles Associated with Management of Nursing Problems	Clinical study must include the following areas of practice: <ol style="list-style-type: none">1. Functions of the APRN as defined in Board Rules 410-112. Instruction in and opportunities to demonstrate ability to safely practice nursing and knowledge in caring for clients
The Board may waive the forty (40) hours of didactic study if the applicant has passed a Board approved certification exam or completed an RN reentry program within the four years preceding the date of application.	
Applicants must complete a review of the Georgia Nurse Practice Act and Board rules and provide evidence of current health care provider cardio pulmonary resuscitation (CPR) certification.	

5. Upon completion of the reentry program, applicants should request that the reentry program coordinator complete Form B, Additionally, each preceptor utilized in the reentry plan must complete and submit Form C. All documentation (Forms B and C) should be submitted to nursing@sos.ga.gov.

GEORGIA BOARD OF NURSING

237 Coliseum Drive
Macon, Georgia 31217
(844) 753-7825

www.sos.ga.gov/plb/nursing

Reentry Application – Form A			
Applicant Last Name:		Applicant First Name:	
Applicant Middle Name:	Date of Birth:	GBON Application Number:	
Reentry Coordinator Information			
Agency Name:			
Agency Type:	<input type="checkbox"/> Acute Care Inpatient Hospital <input type="checkbox"/> Public Health Department	<input type="checkbox"/> Long Term Acute Care Facility <input type="checkbox"/> Nursing Education Program	<input type="checkbox"/> Physician Office <input type="checkbox"/> Other
Reentry Coordinator Name:			
Address:			
City:		State:	Zip:
Phone:		Email:	
License Number:		License Expiration Date:	
APRN Certification:			
Preceptor Name:		Preceptor License Number:	
Start Date of Clinical Component:		End Date of Clinical Component:	

As Reentry Coordinator, I agree that the applicant will complete forty (40) hours of didactic study and one hundred and sixty (160) hours of clinical study as required by Board Rule 410-4. I understand that, as part of the reentry proposal, I am required to submit an outline for the completion of the didactic and clinical components of the plan which contains the following:

1. Course objectives, content outline and time allocation;
2. Didactic and clinical learning experiences including teaching methodologies;
3. Plan for evaluation of competencies and ability to practice nursing with reasonable skill and safety;
4. List of all instructors or preceptors and their functions and teaching roles;
5. Projected schedule for the clinical component; and
6. Evidence of clinical resources which documents support and availability for required experiences.

I understand that a temporary permit will be issued to allow the applicant to complete the clinical component of the reentry program and that the temporary permit will not be issued until the required documentation has been submitted and approved by the Board. I understand that the reentry program must be completed within six months and agree to notify the Board if the applicant is unable to complete the plan within the required timeframe.

Reentry Coordinator Signature:	Date:
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Certification of Completion of Reentry Program – Form B		
Applicant Last Name:		Applicant First Name:
Applicant Middle Name:		Date of Birth:
Reentry Coordinator Information		
Agency Name:		
Reentry Coordinator Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Reentry Program Start Date:	Reentry Program Completion Date:	

As Reentry Coordinator, I attest that the applicant has satisfactorily completed forty (40) hours of didactic study and one hundred and sixty (160) hours of clinical study as required by Board Rule 410-4.

Reentry Coordinator Signature:	Date:
Sworn to and subscribed before me this _____ day of _____, 20_____.	
_____ Signature of Notary Public	_____ Commission Expiration Date
- THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY -	

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Reentry Preceptor Certification – Form C		
Applicant Last Name:		Applicant First Name:
Applicant Middle Name:		Date of Birth:
Reentry Preceptor Information		
Agency Name:		
Reentry Preceptor Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
Reentry Preceptorship Start Date:	Reentry Preceptorship Completion Date:	

As Reentry Preceptor, I attest that the applicant has satisfactorily completed one hundred and sixty (160) hours of clinical study as required by Board Rule 410-4 and is able to provide nursing care with reasonable skill and safety. This attestation is based on the review of the applicant's clinical skills as observed throughout the reentry program.

Comments: _____

Signature:	Date:
Sworn to and subscribed before me this _____ day of _____, 20_____.	
_____ Signature of Notary Public	_____ Commission Expiration Date
- THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY -	